

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/069721		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51		
2		1		1			52		
3		1		1			53		
4		3		1			54		
5		3		1			55		
6		3		1			56		
7		3		1			57		
8		3		1			58		
9	1		1				59		
10		1		1			60		
11		1		1			61		
12		3		1			62		
13		3		1			63		
14		3		1			64		
15				1			65		
16				1			66		
17				1			67		
18				1			68		
19							69		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		2				TOTAL IND.		
TOTAL DEP.		16		16			TOTAL DEP.		
TOTAL CLAIMS	1	16	2	16			TOTAL CLAIMS		